

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XXXXV

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name				Telephone Number Date of Inspection PERM			PERMIT #
/ / / /	.l. 1	_ 1.	ship Leter	812 951 3292	(mm/dd/yr)		
Fetablishm			mber and street, city, state, zip code)	-	1 -1 -		18-43
					5/28	1/2019	' '
8965	<u>>+.</u>	<u> </u>	1. 64 Ourgetons, W 47122			l n ı	
Owner				Purpose:	Follow-up Release Date		
				1 Routine	No 10 days		
Owner's A	ddress			2. Follow-up	Summary of Violations:		
				3. Complaint		· \	\sim
Person in C	harge			4. Pre-Operational	$1c\mathcal{N}$	NC_X	℧℞Åⅅ
Vare	Lud	941		1	~-~	110	× "0x
Responsibl	e Person's	L-mai	1	5. Temporary	Menu Ty	pe (See back	of page)
				6. HACCP			_
Certified F	ood Manag	ger		7. Other (list)	1 2	- 3 X	4 5
) ,,50	$_{\star}$ $H_{\rm v}$	ghe	5 (12/4/2019)		~	~	
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	rrected By
							
	<u> </u>		A (1)				
			No violations.		·		· · ·
				· · · ·		+ :	
			- Seece while make make a	E. J. 31.40			
			- Season ended make prior, a being conducted during inspe	/ 10 Pool 1-1-10	<u> </u>		
		\vdash	having conducted during inspe	ution.		-	
			-				
			- D/C - 11 H 4 ACM 41	12/4/40			
			- PIC revioled that CFM e	xpins 12/4/17			- :
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